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HEREFORDSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL REPORT
OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1959



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(as at 31st December, 1959)

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I submit the Annual Report for the School Health Services for the year 1959. This contains the factual information required by the Ministry of Education, giving numbers of children examined and types of defects found. These show that slowly but surely the pattern of disease of childhood is changing, and to keep up with this there must be some modification of the services provided. An interesting trial is being made whereby a system of selective medical examinations is substituted for the routine school medical inspections held at 8 and 11 years old. This will be for a trial period of three years, covering a school population of some 1,000 children.

The attendance of parents at routine medical inspections varies greatly. They attend quite well for the examination of the younger children, but not so well for the older ones. Perhaps this is because the parents have further to go where secondary schools draw on larger catchment areas, and also possibly since the older children sometimes do not want their parents to go along. However, we do find that their attendance is of great value not only in obtaining a fuller history of the previous illnesses of the children but also in getting information on the minor departures from the normal at a stage when early illness will respond to treatment.

The work of the school health visitor goes on quietly and efficiently. At the start of each term, she examines all children, originally for the purpose of cleanliness, but now finds only a small number of children who form a small but hard core of infestation which recurs each term, probably by re-infestation from other members of the family. Also she examines the children and is on the lookout for minor abnormalities of posture, gait, skin condition or vague psychological conditions such as listlessness or anxiety. With the information gained at such examinations, she is able to be of great help to the School Medical Officer at the routine medical inspections.

The facilities available for school medical inspections in many schools are not good. This is not unexpected in the older schools, but comes rather as a shock when it is found to be so in the new schools. I am told that medical rooms were introduced into the earlier plans of some of these new schools, but at a later stage had to be omitted.

The situation of the School Dental Service is tragic. Due to staff shortage, most of the Herefordshire children are not receiving conservative dental treatment. This is all the more sad since treatment in childhood would have been of lifelong benefit for them.

Children with defects of posture or gait are referred to the school physiotherapist. She arranges for some of these children to have specialized exercises in school included in the ordinary physical training, for others she arranges exercises in special classes, and for other children she gives written instructions so that they can carry out remedial exercises in their own homes.

Tuberculosis is no longer the danger that it was. This is due to many factors. Not least amongst these is the purity of the present milk supply both at schools and in the homes. In recent years, this has progressively become safer, and now all the milk sold retail is either heat treated or is from tuberculin tested herds. The danger of infection from a human source still remains. During the year, a teacher was found to be suffering from pulmonary tuberculosis. He was relieved from duty and admitted to hospital. The nature of his illness indicated the possibility of his having unwittingly infected the school children and staff, and immediate investigations were made. Some 44 children were skin-tested and of these 7 gave a positive reaction, indicating that they had received tuberculous infection. These 7 children were X-rayed, 5 were found to require no more than observation, but the remaining 2 were found to have developed early tuberculous lesions in the lungs and were admitted to hospital.

Much is done for some of the partially deaf children. A high proportion of such children who are able to travel into Hereford have the advantage of attendance at a regular clinic taken by a teacher of the deaf. However, so far it has not been found to be possible to make similar provision for such

children who are not able to travel to Hereford. Quite clearly, it would not be practicable for such children to have training in their own homes without an additional appointment being made of a travelling teacher of the deaf.

Where handicapped pupils are placed in residential schools for special educational treatment, it is wise to maintain contact with them by school health visitors during the holidays. Also, much is done for them when they leave school and have to face employment in the outside world, by the Youth Employment Officer and the County Welfare Officer.

In recent years, more attention has been focussed on the psychological and emotional problems of children. For the most part, these are very minor departures from the normal and in themselves do not amount to a degree of maladjustment necessitating special educational treatment. Just what are these minor departures from the normal? We sometimes can learn much about the child by quietly observing him at play. We would find some children with obsessional play in which they resemble those adults whom we know whose lives are ruled by routine—the housewife who puts order in the house before comfort, and the sort of man who must do certain jobs at a certain time, come what may. Maybe we would find other children have scatterbrained play. They have handled every toy in the room but never settled down long enough to have constructional play with any one of them. Such are the characteristics of children who are in a state of anxiety. Quite frequently, we see other children with hyperactive play, they show excessive excitement and go on until they lose control of themselves.

The Ministry of Education Circular 347 drew attention to the Report of the Committee on Maladjusted Children. This committee had the following terms of reference:—

“To enquire into and report upon the medical, educational and social problems relating to maladjusted children, with reference to their treatment within the educational system.”

Careful consideration was given to the existing administration and organisation of the Child Guidance Service in Herefordshire, and it does seem that, generally speaking, the service has developed on the lines envisaged in this Report.

Mention is made of the growing interest of certain parent/teacher associations in the construction of swimming pools at various schools in the county. Proposals for their establishment should be given every possible encouragement. Swimming is a sound form of exercise and it is one of the surprisingly few athletic activities that can be continued in adult life. As more children are taught to swim at an early age, perhaps there will be a reduction in the drowning fatalities which occur in the River Wye each year. It is hoped that other schools will follow on these pioneer ventures. To such schools, I would say that it is worthwhile at an early stage of the proposals to refer them to the County Health Department, so that advice can be given in construction, control, intervals and method of emptying. For example, if the site of the swimming pool is too near to trees, this can give rise to difficulty when leaves fall into the water, as they make the water appear to be dirty and also react with the chlorine, reducing its efficiency in the destruction of bacteria. Adequate control with chlorine can be made an interesting subject for children taking science, the chlorine residium must be 0.5 parts per million. Growths of algae can be discouraged by a copper sulphate solution. The frequency of emptying is determined by the volume of water and the numbers bathing. After emptying, sides and floor of the pool should be thoroughly scrubbed down.

To the members of the Education Committee, I desire to tender my thanks for their encouragement and support. My professional colleagues and clerical staff I also thank for their continued loyal help and co-operation.

Yours faithfully,

J. S. COOKSON,

Principal School Medical Officer.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET,
HEREFORD.

February, 1960.

STAFF

Principal School Medical Officer—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy Principal School Medical Officer—

*I. F. MACKENZIE, M.D., D.P.H., D.T. M. & H.

School Medical Officers—

*W. HOGG, M.B., B.S., D.P.H.

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

VIVIEN P. HELME, M.B., CH.B., D.(OBST.), R.C.O.G.

*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer—

O. S. BENNETT, L.D.S., R.C.S. ENG.

School Dental Officers—

†K. L. M. PIGOTT, L.D.S., B.D.S.

†L. MACHIN, L.D.S., R.C.S.

Dental Attendants—

MRS. K. E. PROSSER.

†MRS. B. G. M. DAVIES.

†MRS. D. D. HERBERT.

Educational Psychologist—

MISS L. ADAMS, B.A.

Social Worker—Child Guidance—

MRS. M. A. CONIUM, S.R.N., S.C.M., H.V. (temporarily seconded full-time from Nursing Staff.

Speech Therapists—

MISS I. W. HASTINGS, L.C.S.T. (resigned 31/12/59).

MISS J. A. ROBERTS, L.C.S.T.

School Physiotherapist—

MISS A. D. EWING, M.C.S.P. (resigned 31/7/59).

MISS J. A. KING, M.C.S.P. (appointed 12/10/59).

Superintendent Nursing Officer—

MISS E. O. ROBERTS, S.R.N., S.C.M., H.V., M.T.D.

There are two Assistant Superintendent Nursing Officers.

School Nurses—

There are 38 nurses in the rural areas who carry out school nursing as part of their generalised duties. In the urban areas there are 10 whole-time health visitors who combine school nursing with mainly maternity and child welfare duties.

* Also District Medical Officer of Health.

† Temporary Part-time Appointment.

MEDICAL INSPECTION

MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special and Nursery Schools)

Number of Schools	...	...	...	...	167
Number of Pupils	...	...	...	...	20,101

Periodic medical inspections of children in the following groups were made during the year :—

1st Age Group	Entrants, i.e. children admitted for the first time to a primary school.
2nd Age Group	Secondary entrants—during their first year in the secondary school.
3rd Age Group	Leavers—during their last year in school.

Additional Periodic Inspections An additional inspection was carried out at the age of 8 years (children born in 1951).

Other children inspected were :—

Specials Children not due for periodic inspection but who were specially presented for inspection when some defect was suspected.

Re-inspections Children who, at a previous inspection, were found to have some defect requiring treatment or observation.

Pudleston Court Special Residential School for educationally sub-normal boys is visited every term by a school medical officer and the Principal School Dental Officer.

The Uplands Special Residential School for delicate children is visited by a school medical officer each week when a group of children is examined. This arrangement ensures that each child is seen at least twice a term and that the head teacher is able to discuss with the medical officer any child about whom she is concerned. The Principal School Dental Officer visits once a term.

The White Cross Nursery School is visited once each term by a school medical officer who examines all children. In addition a school nurse visits the school twice weekly and the Principal School Dental Officer visits twice a year.

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	52	52	100	—	—
1954	520	513	98.7	7	1.3
1953	1,167	1,149	98.5	18	1.5
1952	214	209	97.7	5	2.3
1951	1,467	1,446	98.6	21	1.4
1950	163	162	99.4	1	0.6
1949	115	114	99.1	1	0.9
1948	986	968	98.2	18	1.8
1947	1,254	1,241	99.0	13	1.0
1946	524	521	99.5	3	0.5
1945	906	895	98.8	11	1.2
1944 and earlier	843	838	99.4	5	0.6
TOTAL	8,211	8,108	98.7	103	1.3

Other Inspections.	Number of special inspections	...	...	...	789
	Number of re-inspections	...	...	...	2,900
	TOTAL	...	...	...	3,689

TABLE I.—Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Group				For defective vision (excluding squint)	For any other condition	Total individual pupils
1st age group	...	...	...	96	265	349
2nd age group	...	...	...	148	221	355
3rd age group	...	...	...	79	144	216
TOTAL				323	630	920
Additional periodic inspections				89	170	248
GRAND TOTAL				412	800	1,168

TABLE II.—PERIODIC MEDICAL INSPECTIONS

A return of (a) Defects found to require treatment ;
 (b) Defects requiring to be kept under observation but not requiring specific medical treatment.

DEFECT OR DISEASE	ENTRANTS.		LEAVERS		OTHERS		TOTAL	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	24	21	50	7	93	46	167	74
Eyes (a) Vision	96	149	79	109	237	361	412	619
(b) Squint	33	11	1	3	10	18	44	32
(c) Other	8	5	3	9	21	9	32	23
Ears (a) Hearing	23	33	4	10	40	78	67	121
(b) Otitis media	10	14	—	3	6	21	16	38
(c) Other	14	29	8	5	26	31	48	65
Nose and Throat	55	164	7	20	66	130	128	314
Speech	27	62	2	4	35	24	64	90
Lymphatic glands	2	28	1	3	2	38	5	69
Heart	6	7	2	8	3	21	11	36
Lungs	10	30	—	12	12	37	22	79
Developmental (a) Hernia	2	1	—	—	4	3	6	4
(b) Other...	5	2	3	9	4	16	12	27
Orthopaedic (a) Posture	1	22	22	44	6	107	29	173
(b) Feet	8	90	6	47	7	185	21	322
(c) Other	12	92	14	49	12	145	38	286
Nervous system (a) Epilepsy	2	3	2	3	4	9	8	15
(b) Other	—	1	1	2	6	3	7	6
Psychological (a) Development	2	27	1	7	11	55	14	89
(b) Stability	11	28	2	7	4	53	17	88
Abdomen	2	2	2	—	2	1	6	3
Other	31	19	22	6	38	51	91	76

The following table shows the number of defects found per 100 children examined at periodic inspections. No provision is made for the inspection of healthy children under the National Health Scheme and although the figures include all defects requiring treatment, whether or not treatment was begun before the date of inspection, many of the defects were found for the first time by a school medical officer. The discovery of these defects at an early stage when they are capable of responding to treatment can of course avoid disability in later life.

TABLE III.—DEFECTS FOUND PER 100 CHILDREN EXAMINED AT PERIODIC INSPECTIONS

	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Total</i>
Skin	2.0	0.9	2.9
Eyes	5.9	8.2	14.1
Ear, Nose and Throat ...	3.2	6.6	9.8
Heart	0.1	0.4	0.5
Lungs	0.3	1.0	1.3
Orthopaedic	1.1	9.5	10.6
Psychological	0.4	2.2	2.6
Other	2.4	3.5	5.9

TABLE IV.—SPECIAL INSPECTIONS

A return of (a) Defects found to require treatment ;

(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

<i>Defect or Disease</i>	<i>Number of defects requiring treatment</i>	<i>Number of defects requiring observation</i>
Skin	6	—
Eyes (a) Vision	44	53
(b) Squint	2	4
(c) Other	2	2
Ears (a) Hearing	8	12
(b) Otitis media	2	—
(c) Other	3	4
Nose and Throat	9	31
Speech... ..	9	8
Lymphatic glands	1	10
Heart	1	3
Lungs	3	5
Developmental (a) Hernia	—	1
(b) Other	3	4
Orthopaedic (a) Posture	—	7
(b) Feet	1	24
(c) Other	2	19
Nervous system (a) Epilepsy	1	—
(b) Other	2	—
Psychological (a) Development	8	2
(b) Stability	—	8
Abdomen	1	1
Other	11	17

TABLE V.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>		
	<i>By the Authority</i>	<i>Otherwise</i>	<i>Total</i>
External and other, excluding errors of refraction and squint	51	16	67
Errors of refraction (including squint) ...	973	105	1,078
TOTAL	1,024	121	1,145
Number of children for whom spectacles were prescribed	484*	43	527

* Includes cases dealt with under arrangements with the Supplementary Ophthalmic Services.

The parents of a child found with a defect of vision are offered an appointment at the Victoria Eye Hospital, Hereford, or at clinics held at Kington, Ledbury, Leominster and Ross-on-Wye. Spectacles, if required, are supplied by any optician on the Executive Council's list. Parents may if they wish arrange their own appointment through the National Health Service.

64 children are known to have received operative treatment for squint.

Forms for the replacement or repair of spectacles were issued on behalf of 170 children.

A colour vision survey was made of boys in the 3rd Age Group. Of 823 pupils, 69 or 8.4 per cent were found to have defective colour vision, and are divided into the following categories.

Total colour blindness (incomplete)	1
Red/Green blindness (complete)	13
Red/Green blindness (incomplete)	23
Red blindness	—
Green blindness	31
Indeterminate	1
TOTAL	69

TABLE VIa.—DISEASES OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been treated</i>		
	<i>By the Authority</i>	<i>Otherwise</i>	<i>Total</i>
Received operative treatment for			
(a) diseases of the ear	—	7	7
(b) adenoids and chronic tonsillitis ...	—	323	323
(c) other nose and throat conditions ...	—	5	5
Received other forms of treatment	67	79	146
TOTAL	67	414	481
Total number of pupils in schools who are known to have been provided with hearing aids :			
(a) in 1959	—	12	12
(b) in previous years	2	33	35

AUDIOMETRY

Five half-day sessions per week are devoted by the audiometrician to school visits, and the remaining days of the week are spent at the General Hospital, Hereford.

Children are tested at 8 years of age and again at 11 years, and in addition to these groups certain other children are tested at the request of school medical officers and head teachers. The testing is done individually by means of a pure tone audiometer, using the "sweep frequency" technique.

When the children have failed the sweep test they are subsequently seen by the school medical officer who makes the appropriate recommendation, *e.g.*, referral to the ear, nose & throat surgeon; for repeat audiogram at the next school visit; or observation by the school medical officer.

An important and beneficial feature of the arrangements is that the children attending the hearing clinic have previously been seen by the audiometrician at their schools, and she is therefore acquainted with their hearing difficulties.

Children wearing the Medresco government hearing aids have now all been fitted with the new transistor models.

Details of children tested are given below, and, in addition to these, 39 children were tested at Wessington Court School for Deaf Children. Some of these latter children have been fitted with transistor hearing aids.

TABLE VIb.—PARTICULARS OF CHILDREN TESTED

Age Group	Tested	Failed				% Failed
		Right	Left	Both	Total	
Born 1951	1,519	36	40	53	129	8.5
„ 1948	1,039	20	24	17	61	5.9
Others	83	11	10	22	43	51.8
TOTAL ...	2,641	67	74	92	233	8.8

Children who failed the sweep test were called for examination by a school medical officer and dealt with as shown below :—

Already under ear, nose and throat surgeon	40
Referred to ear, nose and throat surgeon	65
Referred to, or already under, own doctor	16
Requiring observation	41
Referred back for further audiogram—	28
Treatment refused or failed to attend for examination ...	2
Hearing satisfactory	30
Not yet examined	11
TOTAL ...	233

Lip reading and auditory training classes with the hearing aid have been held weekly at the Child Guidance Centre by Mrs. E. A. Crellin, a qualified teacher of the deaf.

No. of children who have received tuition	7
No. of attendances	90
Cases closed—	
Hearing improved and aid no longer necessary ...	2

ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated :—

By the authority—at school clinics	267
„ „ „ at schools	321
At hospital out-patient departments	63
TOTAL ...	651

SCHOOL PHYSIOTHERAPY SERVICE

Miss A. D. Ewing, the school physiotherapist, who has done much valuable work in the last four years, left this authority to take up another post on the 31st July. Miss J. A. King was appointed to fill this vacancy, and took up her duties on the 12th October, 1959.

Weekly sessions have been held at the minor ailment clinics at Hereford, Leominster and Ross-on-Wye, and during term time at Uplands School. In addition to the normal treatment session at Uplands, generalised ultra-violet light radiation sessions have continued to be held twice weekly. Sessions each week, for approximate periods of three months, have been held in rotation at Bromyard, Kingstone, Kington, and Ledbury clinics, and at Pudleston Court and Wessington Court Schools.

Sessions have been held weekly for periods of six consecutive weeks at rural schools where pupils find it difficult to attend for treatment at clinics. Domiciliary visits have been made in a few cases where circumstances justified them.

The following figures show attendances during the year :—

	<i>Clinic held at</i>	<i>Attendances</i>
BROMYARD	Youth Club Room, St. Peter's School ...	97
HEREFORD	Minor Ailment Clinic	739
KINGSTONE	Minor Ailment Clinic ...	100
KINGTON	Church Hall ...	95
LEDBURY	Cottage Hospital ...	144
LEOMINSTER	Minor Ailment Clinic ...	588
ROSS-ON-WYE	Minor Ailment Clinic ...	696
TOTAL		3,359
Attendances—school visits	... ..	2,701
Total attendances	... ..	6,060
Number of children treated	... ..	588

MINOR AILMENT CLINICS

Throughout the county there are four minor ailment clinics which are situated at the following addresses (details are also given as to times of opening) :—

HEREFORD	Gaol Street, Hereford. Monday to Friday, 10 a.m.—12 noon. Medical Officer attends on Monday and Wednesday each week.
KINGSTONE	Kingstone Camp, Clehonger, Hereford. Tuesday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Tuesday each week.
LEOMINSTER	Hospital Hut, Leominster and District Hospital, Leominster. Monday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Friday each week.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye. Monday, 10 a.m.—11 a.m. (during school term). Medical Officer attends.

Total number of attendances at authority's minor ailment clinics	... ..	2,107
Number of cases of miscellaneous minor ailments treated by the authority	... ..	917

The undermentioned schools have been provided with special equipment and a health visitor visits once a week to deal with the treatment of minor ailments :—

Hunderton C.P. School, Hereford.
Whitecross C.S. School, Hereford.

TABLE VII.—DISEASES OF THE SKIN

(excluding uncleanness for which see below)

Number of defects treated, or under treatment, during the year.

<i>Type of defect</i>	<i>No. of cases treated</i>	
	<i>By the authority</i>	<i>Otherwise</i>
Ringworm :—		
(1) Scalp	1	—
(2) Body	3	1
Scabies	—	—
Impetigo	7	—
Other skin diseases ...	161	19
TOTAL ...	172	20

INFESTATION WITH VERMIN

Inspections are carried out by the school health visitor at the beginning of each term. The control of pediculosis capitis continues to be an important part of this work, and the need for this is emphasized by the marked increase in the number of individual pupils found infested.

The general " health inspection " of each child, resulting in reference of any unsatisfactory condition for medical attention, as well as the opportunity for introducing precepts of health, can make these visits a valuable adjunct to the periodic medical examinations.

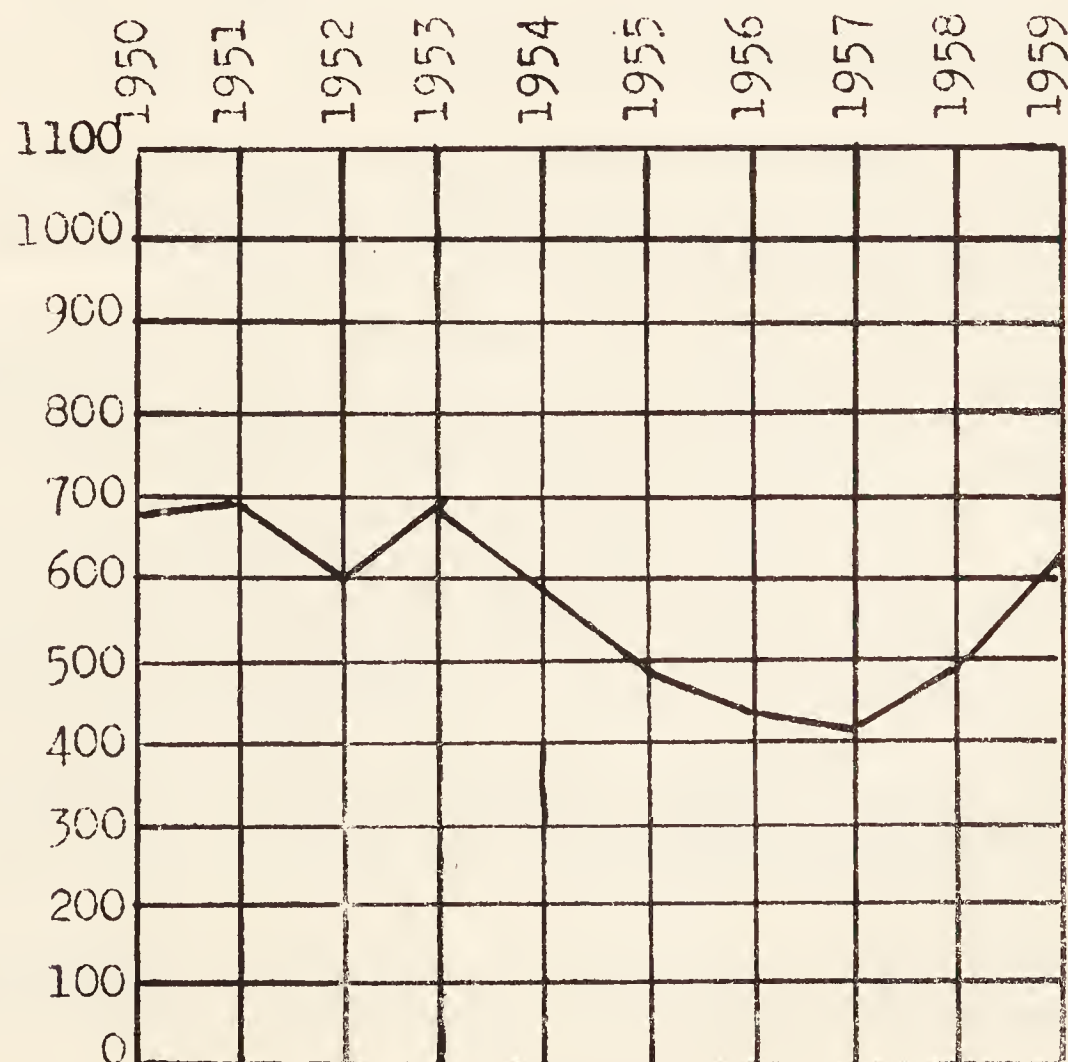
Total number of examinations in schools 54,008

Total number of individual pupils found infested 609

Number of cleansing notices or orders issued
(Section 54, Education Act, 1944) Nil

The actual numbers of children found to be infested are given below for the last ten years, but the total number of school children during that period has increased from approximately 16,500 to just over 20,000.

1950 ...	675	1955 ...	494
1951 ...	698	1956 ...	432
1952 ...	597	1957 ...	413
1953 ...	680	1958 ...	488
1954 ...	592	1959 ...	609



SCHOOL HEALTH VISITING

Making the best use of the school health visitor's time is engaging some thought at the moment on the following lines :—

- (a) The school health visitor as health educator.
- (b) The school health visitor as link between school and home.

(a) On the first point it is thought that the school health visitor is particularly fitted to be the health educator in schools and that this function is in danger of being swamped by routine duties carried beyond the point of necessity or effectiveness. It will be interesting to see the result of arrangements made at Redhill Secondary Modern School. In this school, at the headmaster's invitation, a school health visitor attends weekly to take a session, which is part of the school curriculum. This is parent-craft teaching, practical and theoretical, based on the syllabus recommended by the National Association for Maternal and Child Welfare and it is followed by an examination at the end of the school year. Books and demonstration material are supplied mainly by the school. The school health visitor links up with the teachers of domestic subjects, biology, drawing, and possibly woodwork.

(b) The beginning of each term should be marked by an interview between the school health visitor and the head teacher to discuss general health problems or social problems likely to affect health or the child's capacity to benefit from education. Arising from this, the school health visitor acts by referring to sources of help—preventive, curative, or social, and where necessary by visiting the homes to enlighten or enlist the aid of parents.

The school health visitor, as the link between school and home, would be greatly assisted by her being invited to attend meetings of parent-teacher associations.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

In the year 1920 the first full-time school dental surgeon was appointed to this authority. In those days the school population was considerably smaller than to-day, and the demand for dental treatment by no means pressed unduly upon him. His equipment and technical resources would be poor compared with modern standards. During the intervening forty years the practice of children's dental surgery has made considerable technical advances, the school population has probably doubled, the demand for treatment has never been higher due to public awareness of the beneficial effects derived from treatment, and equipment is of a high order. In spite of this, the present day provision of treatment by the School Dental Service is probably no more satisfactory than it was forty years ago due entirely to one single factor, namely lack of dental staff.

Staffing difficulties first appeared in 1955, since when the position has progressively deteriorated and has now reached the point where only one dental officer holds a full-time appointment. With the resignation of a full-time officer in February and his reappointment on a part-time basis the total dental staff expressed in terms of full-time officers reached the extremely low figure of 17/11. There are grounds for believing that further deterioration will occur in the near future. It will be seen that the situation is undoubtedly grave.

This unhealthy condition of the School Dental Service is by and large of a nation-wide character, from which it becomes apparent that it no longer affords a satisfying career for the young graduate. If the service is not made attractive to the newly qualified man or woman, then it will gradually cease to exist, resulting in adverse effects upon the health of the school child.

With such a bad staffing position a further reorganisation of the School Dental Service becomes imperative. Detailed proposals for reorganisation are at present before the County Council and provide for the best possible utilisation of available staff. In the present circumstances however it is not possible for any reorganisation to produce a wholly satisfactory result.

Out of a total of 20,000 children on the register of maintained schools it was only possible to see 3,586 at routine examination. This is a lower figure than the previous year by 2,579. This considerable drop is due partly to the deterioration in staffing and the fact that so much more treatment is necessary for each individual child arising from the infrequency of inspection. Having regard to the present state of oral health of most school children it cannot be too strongly emphasised that two routine examinations per annum are necessary.

For this purpose adequate staff are essential to repair the ravages of dental disease, and their efforts should be supported by the activities of a full time dental health lecturer and demonstrator. Given these essentials a comprehensive service could be realised and the aims and objects of the School Dental Service accomplished.

Reference has been made in previous reports of the dangers to oral health inherent in the school "tuck shop." It may be of interest to record that the principal dental officer has addressed a conference

of local head teachers on this subject and suggested commodities which could be sold which would not have such an adverse effect upon dental health.

A little orthodontics has been undertaken in highly selected cases, and the services of a consultant orthodontic surgeon have been utilised as before. Cases referred to him for diagnosis and treatment are not included in the tabulated statistics shown below.

The tabulated statistics below give details of dental inspection and treatment.

Number of pupils inspected by the authority's dental officers :—

(a) At periodic inspections...	...	...	...	3,586
(b) Specials	...	...	...	485
TOTAL				4,071
Number found to require treatment	...	...	...	2,753
Number referred for treatment	...	...	...	2,640
Number actually treated	...	...	...	2,223
Attendances made by pupils for treatment	...	...	...	3,887
Half-days devoted to : Inspection	...	...	...	42 $\frac{1}{4}$
Treatment	...	...	...	710 $\frac{1}{4}$
TOTAL				752 $\frac{1}{2}$
Fillings :	Permanent teeth	...	...	3,105
	Temporary teeth	...	...	9
TOTAL				3,114
Number of teeth filled :	Permanent teeth	...	...	2,700
	Temporary teeth	...	...	9
TOTAL				2,709
Extractions :	Permanent teeth	...	...	821
	Temporary teeth	...	...	2,351
TOTAL				3,172
Administration of general anaesthetics for extraction...				227

ORTHODONTICS :

(a) Cases commenced during the year	...	...	...	...	2
(b) Cases carried forward from previous year...	...	...	...	...	4
(c) Cases completed during the year	...	...	...	...	—
(d) Cases discontinued during the year	...	...	...	...	3
(e) Pupils treated with appliances	...	...	...	...	6
(f) Removable appliances fitted	...	...	...	...	5
(g) Fixed appliances fitted	..	..	...	...	—
(h) Total attendances	...	...	...	...	49
Number of pupils supplied with artificial dentures	...	...	...	...	16
Other operations :	Permanent teeth	...	...	...	167
	Temporary teeth	...	...	...	14
TOTAL					181

INFECTIOUS DISEASES IN SCHOOLS

During the year no schools were closed on account of infectious disease.

TABLE VIII

This table shows the number of notifications of infectious and other notifiable diseases among children of compulsory school age during the year.

<i>Disease</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scarlet Fever	58	72	130
Whooping Cough	17	34	51
Acute Poliomyelitis—			
(a) Paralytic	—	—	—
(b) Non-Paralytic	1	—	1
Measles (excluding rubella)	527	509	1,036
Diphtheria	—	—	—
Acute Pneumonia	7	1	8
Dysentery	29	27	56
Smallpox	—	—	—
Acute Encephalitis—			
(a) Infective	—	—	—
(b) Post-Infectious	—	—	—
Enteric or Typhoid Fever	—	—	—
Paratyphoid Fevers	—	—	—
Erysipelas	1	—	1
Meningococcal infection	—	—	—
Food Poisoning	1	—	1
Total notifications	641	643	1,284

HANDICAPPED PUPILS

During the year the following children were newly ascertained as requiring special educational treatment in special schools :—

Blind	1
Partially sighted	2
Deaf	—
Partially deaf	1
Delicate	34
Physically handicapped	—
Educationally sub-normal	36
Maladjusted	9
Epileptic	1
TOTAL	84

78 children were admitted to special residential schools and hospital special schools during the year, and 74 were discharged.

13 boys were admitted to Pudleston Court School for educationally sub-normal pupils and 13 were discharged. 3 of the boys discharged were reported to the local health authority under section 57 (3) of the Education Act, 1944. At the end of the year 10 boys, whose parents had given their consent, were on the waiting list for admission to Pudleston Court, and 6 of these were to be admitted in January, 1960.

During the year 2 educationally sub-normal girls were admitted to Haughton Hall Special Residential School, Shifnal, Salop, and 2 were discharged. On the 31st December there were 3 girls, whose parents had consented, awaiting places at this special school, and 1 of these was to be admitted in January, 1960.

13 boys and 12 girls were admitted to Uplands Open Air School for Delicate Children, Folly Lane, Hereford, and 12 boys and 9 girls were discharged. This special school takes children between 5 and 11 years, up to a maximum of 27. 2 boys were awaiting admission at the year end, both to be admitted

at the start of the spring term, 1960, leaving only one vacant place. Delicate children requiring admission to an appropriate special school, and who were over the maximum age for Uplands, were admitted to Mouton House Special School, near Chepstow, Mon. 3 boys and 3 girls were admitted to this school, and 1 boy was discharged.

1 blind girl, aged 4, awaited admission to the Sunshine House, Southerndown, Bridgend, at the end of the year, and was to be admitted at the start of the spring term, 1960.

TABLE IX

The number of Pupils ascertained is given in the following table which shows the position on 31st December, 1959.

Category	In Special School*		In Maintained Schools		In Independ- ent Schools		Not at School		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(a) BLIND	2	4	—	—	—	—	—	1	2	5
(b) PARTIALLY SIGHTED	1	1	2	5	1	1	—	—	4	7
(c) DEAF	6	4	—	—	—	—	—	—	6	4
(d) PARTIALLY DEAF	2	2	20	11	—	—	—	—	22	13
(e) EDUCATIONALLY SUB-NORMAL ...	43	16	81	49	2	—	4	1	130	66
(f) EPILEPTIC	4	—	1	—	—	—	—	—	5	—
(g) MALADJUSTED	3	1	8	3	—	—	—	1	11	5
(h) PHYSICALLY HANDICAPPED ...	1	3	4	5	—	1	3	1	8	10
(i) SPEECH DEFECT	—	—	225	90	8	3	5	1	238	94
(j) DELICATE	14	14	25	33	—	—	2	1	41	48
(k) MULTIPLE DEFECTS	12	9	23	10	—	—	1	—	36	19
TOTAL ...	88	54	389	206	11	5	15	6	503	271

* Includes Hospital Special Schools.

CASES REPORTED TO LOCAL HEALTH AUTHORITY

Under section 57 of the Education Act, 1944, the local education authority is required to examine those children in its area who, having attained the age of two years, are suffering from disability of mind of such a nature or to such an extent as to make them incapable of receiving education at school.

Under sub-section (3) of this section the local education authority is required to issue to the local health authority a report on any child who, by reason of disability of mind, is incapable of receiving education at school.

Under sub-section (4) a child can be deemed ineducable not only if his disability of mind renders him incapable of receiving education but also if his disability is such as to make it inexpedient that, either in his own interests or the interests of others, he should be educated in association with other children.

Sub-section (5) requires that any child who, by reason of disability of mind, requires supervision after leaving school should be reported to the local health authority before the child ceases to be of compulsory school age.

During the past year the undermentioned children were reported :—

Reported under section 57 (3) ...	11
Reported under section 57 (3) relying on section 57 (4) ...	—
Reported under section 57 (5) ...	9
TOTAL ...	20

CHILD GUIDANCE SERVICE

143 new cases were seen at the Child Guidance Centre during the year, and 66 at schools or other centres. The number of attendances at the centre was 1,638, and 112 schools and 15 clinics were visited by the educational psychologist.

The ~~155~~ new patients seen at the Child Guidance Centre during 1959 were referred from the following sources :—

School medical officers	...	...	48
Family doctors, or hospital	...	...	47
School	...	...	16
Court or agency	...	...	11
Other	...	...	21
			143

The children above were grouped diagnostically as follows :—

Anxiety	...	...	40
Enuresis	...	...	9
Behaviour disorders	...	...	53
Backwardness	...	...	21
Educationally sub-normal	...	...	16
Others	...	...	4
			143

The recommendations made in these cases were :—

Treatment...	...	...	54
Transfer	...	...	21
Environmental adjustment	...	...	10
Maintain contact	...	...	26
Special educational tuition	...	...	11
Remedial teaching	...	...	2
Other	...	...	19
			143

The number of children treated was 69, and the educational psychologist gave remedial teaching to 9 children. At the end of the year the number of children on the waiting list for treatment was 14, and the number awaiting first examination was also 14.

PUPILS WITH SPEECH DEFECTS

With two speech therapists working in the county throughout the year, the number of cases treated has increased, but waiting lists are still long. 224 children received treatment, mainly at the following clinics :—

FOXLEY	2/44 Foxley Estate.
HEREFORD	Child Guidance Centre, Union Street, Hereford
HUNDERTON	C.P. School, Hunderton.
KINGSTONE	Minor Ailment Clinic, Kingstone.
KINGTON	Cottage Hospital, Kington.
LEDBURY	Cottage Hospital, Ledbury.
LEINTWARDINE	V.A. School, Leintwardine.
LEOMINSTER	Hospital Hut, Leominster & District Hospital.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye.

The Ledbury clinic, now held in the out-patient department at the Cottage Hospital, has been a great success, and regular visits have also been made to Barrs Court Centre, Uplands Residential School and Pudleston Court School.

Time limits the number of visits possible to the more inaccessible areas, and there have been a few instances in which it has been impossible for patients to keep appointments offered due to travelling difficulties. Where this has been overcome by visits to schools, these have been warmly welcomed.

Co-operation with other branches of the School Health Service has been maintained. The close link with the Child Guidance Centre has been strengthened, and the co-operation which has resulted has been of great value to therapists as well as to patients.

Cases in attendance at beginning of 1959	...	...	138
New cases treated	...	...	84
Old cases re-entered	...	...	2

224

Cases on waiting list after first interview	...	...	50
Cases on list awaiting interview	...	...	151
Cases discharged after treatment	...	...	42
Cases discharged—no treatment required	...	...	7
Cases discharged on leaving school	...	...	9
Cases discharged on leaving the district	...	...	8
Cases placed under observation after treatment	...	...	18
Cases on register at end of year	...	...	153
Total number of attendances	...	...	3,544

CLINICAL ANALYSIS

Multiple dyslalia	...	...	...	...	...	23
Simple dyslalia	...	...	...	...	...	71
Sigmatism	...	...	...	...	...	25
Stammer	...	...	...	...	...	58
Cleft palate	...	...	...	...	...	6
Dyslalia and dysarthria	...	...	...	...	...	10
Dysphasia	...	...	...	...	...	1
Dysphonia	...	...	...	...	...	3
Faulty voice production	...	...	...	...	...	1
Dyslalia and deafness	...	...	...	...	...	4
Hyperrhinophonia	...	...	...	...	...	1
Dyslalia and mental deficiency	...	...	...	...	...	8
Multiple defects	...	...	...	...	...	4
Dysarthria	...	...	...	...	...	2
Dyslalia and sigmatism	...	...	...	...	...	3
Chronic mouth breathing	...	...	...	...	...	1
Stammer and dyslalia	...	...	...	...	...	3

TOTAL ... 224

INDEPENDENT SCHOOLS

Arrangements have been made with the proprietors of eight schools not maintained by the authority for the provision of medical inspection and treatment under section 78 (2) of the Education Act, 1944.

Number of schools inspected	...	...	...	...	8
Periodic medical inspections—					
Number of children inspected	...	...	...	...	212
Number of children found to require treatment—					
For defective vision	...	...	...	...	12
For any other condition	...	...	...	...	15
Total individual children	...	...	...	...	27
Physical condition of the children examined—					
Satisfactory	...	...	...	...	212
Unsatisfactory	...	...	...	...	—
Number of children found to require observation	...	...	...	...	43
Number of special inspections	...	...	...	...	2
Number of re-inspections	...	...	...	...	92

EMPLOYMENT OF CHILDREN

Children of compulsory school age, employed out of school hours, are required to submit to medical examination in order to ascertain that the employment is not prejudicial to their health or physical development and does not render them unfit to obtain proper benefit from their education. During the year 47 children were examined by school medical officers and granted certificates.

SANITARY INSPECTIONS OF SCHOOLS

When a school medical officer visits a school to carry out medical inspection he prepares a report on the school premises. This includes brief notes on the sanitary arrangements, water supply, washing accommodation, canteen and sculleries, heating, lighting and ventilation. Matters which appear to require attention or investigation are referred to the Director of Education.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to training colleges, university departments of education, and approved art schools are required to submit to X-ray examination and to a medical examination by a school medical officer of the area in which they live in order to determine their fitness for these courses.

Arrangements are also made for teachers entering the service of the authority to undergo a medical examination, including a X-ray test of the chest, to exclude the possibility of infection.

During the past year the following examinations were carried out by the authority's medical staff :—

Entrants to training colleges, etc.	...	...	...	58
Teachers	...	...	...	92 (1 failed)

DIPHTHERIA IMMUNISATION

Diphtheria immunisation is offered at the school medical inspections on the child first commencing attendance at school at five years of age, either a full course of two or three injections, or a single reinforcing injection when the child has been immunised in infancy. This service is again offered when the child reaches nine years of age.

During the year 1959, diphtheria immunisation sessions were held at school medical inspections in 137 maintained and 4 private schools in the area of the local education authority. Notices regarding this service, embodying form of consent, were forwarded to the parents of 3,758 children in the age groups of 5 and 9, and treatment at the school was accepted in respect of 2,786 pupils, an acceptance rate of 74 per cent. Of these, 426 children had not been previously immunised and were given a full course of injections and 2,360 children were given a single reinforcing injection. In addition, 30 primary immunisations and 108 reinforcing injections were administered to children of school age by general medical practitioners and at minor ailment clinics.

No cases of diphtheria were notified in the area of the authority during the year.

PROTECTION FROM POLIOMYELITIS

Vaccination against poliomyelitis has continued during the year but a considerable number of school children still remain who have not been registered for vaccination.

Parents are given the choice of having their children vaccinated at County Council clinics or by their family doctor. The majority of family doctors now take part in the vaccination scheme and an increasing proportion of vaccinations are being undertaken by them.

During the course of the year supplies of British manufactured vaccine increased and in the latter part of the year only vaccine of British manufacture was distributed by the Ministry of Health.

The following table shows the number of children of school age vaccinated during the year :—

POLIOMYELITIS VACCINATION

<i>Year of birth</i>	<i>Vaccinated with two injections</i>	<i>Vaccinated with third injection</i>	<i>Total number given three injections since beginning of scheme</i>
1945	187	828	1,090
1946	212	1,073	1,454
1947	196	899	1,658
1948	161	834	1,556
1949	174	822	1,441
1950	154	833	1,490
1951	166	783	1,365
1952	186	900	1,442
1953	243	887	1,360
1954	230	867	1,330
TOTAL ...	1,908	8,726	14,186

B.C.G. VACCINATION AT SCHOOL

B.C.G. Vaccination is offered, subject to obtaining parental consent and to the necessary preliminary tests, to school children who are aged 13 years and upwards.. The tuberculin testing and actual vaccination are carried out by members of the medical staff who visit the schools and apply a skin test to the children. Later the children are seen again and those producing a negative result are vaccinated.

The majority of the children vaccinated in 1958 have been re-tested and those producing negative results have been re-vaccinated.

The procedure of B.C.G. vaccination is safe and effective in preventing the more acute forms of tuberculosis and the scheme should be actively encouraged.

Number offered P.P.D. test and B.C.G. vaccination (if necessary)	1,907	
Number of acceptances	1,327	69.6%
Number tested during the year	1,271	
Number found to be negative reactors and vaccinated	1,091	85.8%
Number found to be tuberculin positive	180	14.2%
Number referred to Chest Physician	5	
Number referred for X-ray only	4	
Number vaccinated with B.C.G. in 1958 who have been re-tested ...	892	
Number found to be negative reactors and re-vaccinated	113	12.7%
Number found to be tuberculin positive	779	87.3%

School medical officers visit the schools again 6—8 weeks following vaccination to examine the arms of the children and note any reactions.

MASS RADIOGRAPHY

The Dudley Mobile Mass Radiography Unit again visited this county during the year and children who were found to be tuberculin positive when tested with P.P.D. were invited to attend for X-ray examination at Bromyard, Kington, Ledbury and certain of the larger villages. 37 boys and 50 girls attended. Special arrangements were also made for X-ray, in Hereford, of 95 students from the Hereford Training College.

TUBERCULOSIS IN SCHOOL CHILDREN

Three school children have been notified as suffering from pulmonary tuberculosis, and two of these were admitted to hospital.

The B.C.G. vaccination of tuberculosis contacts continues and 38 school children were vaccinated at the chest clinic.

B.C.G. vaccination of school leavers is dealt with elsewhere in the report.

It may be noted that improvement in milk supplies has had an excellent effect on the incidence of tuberculosis of glands and bones and joints, formerly a common disease.

PROVISION OF SCHOOL MEALS AND MILK

2,700,000 meals were provided by the school meals service in 1959 and all schools maintained by the authority were supplied with either pasteurised or tuberculin tested milk daily.

New self-contained canteens have been opened during the year at Redhill County Secondary School and St. James' Infants' School, Hereford, and the kitchen facilities at Canon Frome County Secondary School have been extended.

Structural improvements have been undertaken at many of the authority's rural school canteens and more modern equipment has been installed in many cases.

Training courses have again been held this year for supervisors, cooks-in-charge and assistant cooks, and these have proved useful.

One member of the school meals staff was successful in obtaining the appropriate City and Guilds examination in cookery.

Though there has been extensive flooding in many areas of the county during the autumn months, school meals have been delivered daily to over 100 schools in the rural areas, in spite of considerable transport difficulties.

The standard of the school meal has continued to improve during the year and with the construction of modern self-contained canteens at the authority's new secondary schools, it is hoped to provide even better service.

SCHOOL BUILDINGS

1. Playgrounds.

Repairs have been effected to the playgrounds of 7 County, 2 Voluntary Controlled and 2 Voluntary Aided Schools. Additional tarpaved areas have been provided at 3 County Schools and 1 Voluntary Aided School.

2. Heating.

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 26 schools. New boilers have been installed at 2 schools and repairs have been carried out to existing boilers at 18 schools. The boilers at 2 schools have been converted to oil firing.

3. Equipment.

New desks and tables (replacements) have been supplied to 47 schools.

4. General Sanitary Arrangements.

The earth closets at 11 schools have been converted into water closets and conversion work has been approved in 4 other cases. Improvements have been carried out to the sanitary arrangements at 5 schools.

The natural lighting, ventilation, cloakroom and washroom arrangements at 16 schools have been improved and improvements to the cloakroom and sanitary accommodation at one other school are proceeding.

Drains have been overhauled and repaired in 24 schools.

Application has been made for 7 schools to be connected to the public water supply, and a borehole has been sunk at 1 school with satisfactory results.

Appropriate action has been taken to improve the quality of the well water at 4 schools.

5. General.

The new Redhill County Secondary School in Hereford was occupied as from the 14th September, 1959. The additional classrooms at Tupsley Voluntary Aided Primary School were taken into use on the 14th December, 1959. The new classroom at Holme Lacy County Primary school was occupied as from the 9th September, 1959.

A detached hut on the Coningsby Street premises of the Bluecoat Secondary School has been adapted to provide additional teaching accommodation and the new building comprising kitchen, dining room and domestic science room is nearing completion.

Approval has been given to the provision of additional classrooms at Garway County Primary and Little Dewchurch Voluntary Controlled Schools.

Work has begun on the second instalment of the Herefordshire Technical College and the new County Secondary School at Kington.

Repairs have been effected to school floors in 14 cases, and renovations carried out at 47 schools.

Electric light has been installed in 5 schools, and improvements have been effected to the existing installations at 8 schools.

PHYSICAL EDUCATION

Owing to the changes in the organising staff which have taken place during the past 18 months, it is only to be expected that the development of physical education in schools throughout the county has been retarded to some degree. However, reasonable progress has been maintained, and it is encouraging to report that during the past year several important issues have been considered and approved in principle. Of special note is committee policy to extend to primary schools in rural areas facilities for swimming instruction, to allow an improved games fund scheme for the majority of the authority's secondary and grammar schools, and to further the development of the maintenance scheme for the gang-mowing of playing fields.

The scheme of swimming instruction for rural schools will ensure that children in the Ross, Ledbury, Leominster and north-western areas of the county will be able to attend public and private baths during the coming summer. This will mean that the total number of children attending for instruction will be doubled during 1960. This development, together with the steady increase in the number of proposed learners' swimming pools at individual schools should eventually ensure that every child in the county will receive instruction at some stage during his or her career. The opening of the new learners' swimming pool at Kingstone County Secondary School in June last year (built almost entirely by school children under supervision) will be the forerunner of similar pools at Whitecross County Secondary School, Ross Grammar School, Canon Frome County Secondary School and the High School for Girls, whilst a small glassfibre pool will come into full use at Tupsley Primary School next year. It is both interesting and pleasing to note that during the past year more than 800 children have been taught to swim at the Hereford City Baths.

With the general improvement of games fund allowances for secondary and grammar schools throughout the county, it should be possible during the next financial year to extend and improve school fixture lists, and also give more financial help for the provision of essential gymnastic equipment.

The scheme for the maintenance of playing fields has been enlarged considerably, since its implementation in 1954, and it has proved not only worthwhile but most economical. The regular mowing of school playing fields together with the provision of first-class facilities for athletics, has raised considerably the standard of facilities in the majority of our schools.

The work of the Schools' Sports Association continues to make satisfactory progress and during the past year both rowing and basketball have been included in the ever-growing list of activities. Children have been selected to represent the county in athletics, association football and swimming during the past year, and with the introduction of county badges and county colours awards, it is felt that their endeavours can now be adequately recognised.

Every encouragement has again been given by the authority to its teachers to attend refresher courses at both local and national level, and successful courses were arranged during the past year in tennis, cricket, association football and canoeing.

HOUSECRAFT INSTRUCTION

The opening of Redhill County Secondary School, and of the new housecraft room at Canon Frome County Secondary School in September 1959, and the continuing reorganisation of schools in the county, marked further progress in the inclusion of housecraft instruction in the secondary schools' curricula, instead of its treatment as an isolated "special subject," to the advantage of all concerned. "Housecraft Centres" to which senior girls have to travel from their own schools are now maintained only at Bromyard C.D.S. Centre, Ledbury School of Domestic Economy, Leintwardine Endowed School and Weobley County Primary School.

Holmer School housecraft room was closed at the end of the summer term 1959, and the two rooms at Ross Walter Scott C.D.S. Centre now form part of Ross County Secondary School, to the staff of which all three Domestic Subjects Teachers have been appointed. At Ledbury School of Domestic Economy two housecraft rooms have been practically dismantled, and only one teacher is working there until the new Ledbury County Secondary School opens.

There are very few senior girls who do not receive some instruction in this subject before they leave school: the exceptions are those who remain in an all-age primary school and do not transfer to a senior group at a neighbouring school at the age of 13 plus.

Canon Frome County Secondary School has a Domestic Subjects Teacher on the staff, as well as a teacher specialising in needlework. At Redhill County Secondary School, one Domestic Subjects Teacher was appointed in September 1959, and it is hoped that a second one to teach housecraft and another to specialise in needlework will be appointed as soon as possible.

Apparatus and equipment are inspected regularly, and every effort is made to instal modern types of apparatus and to teach the girls how these should be used correctly, so that accidents in the home may be minimised.

Another series of lecture/demonstrations in " Good Grooming " was given in April to " school-leavers," by a specialist.

At the Three Counties Show no cookery was shown, but a needlework display in two sections, one representing Primary and the other Secondary School girls' work attracted a great deal of interest.

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